


2. MATERIAL DUE MASS MAIL

5. PERSON ISSUING ORDER	6. TELEPHONE	7. DATE TYPED	18. CHAPTER	19. STATUTE	20. FISCAL YR.	21. LINE ITEM CODE / CALSTARS CODE	22. SIGNATURE AUTHORIZING EXPENDITURE
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	26. INQ. TO / PROOFER'S NAME	27. TELEPHONE	28. FAX	
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	30. LAST JOB NUMBER (<i>Attach 2 copies of latest printed material</i>)	31. QUANTITY (<i>Finished product</i>) (Also see Box 58. LDA)	32. No. of ORIGINALS
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9. SPECIAL SHIPPING INSTRUCTIONS ☐ DELIVER ☐ CALL ☐ PICKUP ☐ SEE ATTACHMENT

RETURN ORIGINALS TO: _____		PUBLICATIONS		48. No. of PAGES	49. SIZE <i>(Width First)</i>	ADDRESSING/MASS MAIL SERVICES FURNISH MAIL LIST UPDATES AT LEAST FIVE WORKING DAYS BEFORE MASS MAILING DATE.	
Union Label. Indicate where union label is to be placed on product.		<input type="checkbox"/> Must be printed at OSP		50. TEXT PAPER / INK	51. COVER PAPER / INK		<input type="checkbox"/> 58. LDA (see back) (Also see Box 31)

FORMS	35. <input type="checkbox"/> UNIT SET <input type="checkbox"/> CONTINUOUS	36. SIZE (<i>Width First</i>)	52. BINDING <input type="checkbox"/> PERFECT BIND <input type="checkbox"/> LOOSE LEAF SUBSHEET <input type="checkbox"/> PASTED SPINE	59. TITLE OF MATERIAL
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37. FORMS PROCESSED BY:		38. BIND/TAB SIZE & LOCATION		39. No. OF PARTS		40. SELF SHEET		41. SPINE		60. MUST MAIL BY DATE		61. CLASS OF MAIL	
<input type="checkbox"/> TYPEWRITER	<input type="checkbox"/> AUTOMATED					<input type="checkbox"/> COMB BIND		<input type="checkbox"/> SADDLE STITCH		<input type="checkbox"/> TAPE			

40.	STOCK	WT	COLOR	INK	41.	SIDE STITCH <i>(Indicate 1 or 2 stitch)</i>	<input type="checkbox"/> 1 STITCH	<input type="checkbox"/> 2 STITCH	62. MAILING LIST NAME/NUMBER	<input type="checkbox"/>	CUSTOMER	<input type="checkbox"/>	FTP
1					<input type="checkbox"/> LASER PRINTER COMBINATION PLY								

1					COMPATIBLE INK	<div>FINISHING</div> <div>53. IF JOB REQUIRES FOLDING, SUPPLY FOLDED SAMPLE</div>	<input type="checkbox"/> SUPPLIED	<input type="checkbox"/>
2				42.	<input type="checkbox"/>		<input type="checkbox"/> DISK	<input type="checkbox"/> E-MAIL
					<input type="checkbox"/>			


3					<input type="checkbox"/> CARBON <input type="checkbox"/> NCR	54. PERFORATE - Include Sample	No. of FOLDS	SIZE AFTER FOLD	63. TYPE OF LABEL <input type="checkbox"/> No. 10s <input type="checkbox"/> P/S LABELS
4				43. QUANTITY PER PAD/BOOK					

5					<input type="checkbox"/> L <input type="checkbox"/> R	55. PUNCH - No. of Holes	56. PACKAGE <input type="checkbox"/> TIE <input type="checkbox"/> SHRINK WRAP	<input type="checkbox"/> No. 95s <input type="checkbox"/> CARDS	<input type="checkbox"/> 4-UP LABELS <input type="checkbox"/> ON MATERIAL
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6					<input type="checkbox"/> T	PUNCH POSITION <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> B	<input type="checkbox"/> BAND	UNITS PER PKG.	<input type="checkbox"/> CARDS	<input type="checkbox"/> ON MATERIAL
7					<input type="checkbox"/> B				64. RESIDUE	

44.	CRIMP	GLUE	PARTS	PUNCH CENTER TO CENTER	57. SHIP	<input type="checkbox"/> WILL CALL	<input type="checkbox"/> UPS
FASTEN	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ALL, or	<input type="checkbox"/> 2 3/4" <input type="checkbox"/> 4 1/4"	<input type="checkbox"/> CARTON <input type="checkbox"/> PALLET	<input type="checkbox"/> REGULAR MAIL	<input type="checkbox"/> DELIVER

45. NUMBER - Beginning	Ending	46. MISSING NUMBERS OK?					
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> RECYCLE	<input type="checkbox"/> RECYCLE	<input type="checkbox"/> RECYCLE

47. JOB TITLE / SPECIAL INSTRUCTIONS (Title, Form No. & Revision Date or Revision No.)	<input type="checkbox"/> Specification Sheet Attached	If this is a legal deadline, provide Legislation Code _____	65. RELEASED BY MASS MAIL 	RELEASE DATE
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66. **RESIDUE DELIVERY ADDRESS**

☐ 67. **See Attached for Additional Mailing Instructions**

INSTRUCTIONS (numbered captions on the form correspond to the following numbered instructions):

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| 1. If Mass Mail services are required, check here. | 26 through 28.
Enter the name, telephone and fax numbers of the person who can answer questions about this job and/or will approve the proof. | 47. Indicate the job title, form number and revision date or revision number. Use this area to explain any specifications not otherwise covered on the rest of this form. Indicate legislative code requiring legal mailing if applicable. |
| 2. Office of State Publishing (OSP) use only, no entry necessary. | | |
| 3. Provide agency name. | 29. Signature of person approving work to be done. | 48. Indicate the number of pages. (A page is one side of a sheet of paper.) |
| 4. Provide Interagency Mail Service Code. | 30. Enter the last OSP job number or copy identification number (usually located in the lower right hand corner of the form, brochure, or last printed page of the publication; or it can be obtained from your business service office.) | 49. Indicate finished size of publication (give width first, i.e., 8 1/2" x 11"). |
| 5. Provide the contact person's name. | | 50. Specify text paper, weight and PMS ink color(s). |
| 6. Provide the contact person's telephone number. | 31. Also see Box 58. Order quantity—number of each, sets of forms, etc.
NOTE: Due to the high speed of the automated equipment at OSP, a delivery quantity of 10 percent over or under will constitute a complete shipment. If any exact quantity is required, please indicate. | 51. Specify cover paper, weight and PMS ink color(s). |
| 7. Enter date the order is typed. | | 52. Indicate type of binding. |
| 8. Shipping address. | 32. Indicate number of camera-ready copy originals submitted. | 53. Indicate number of folds in product and include a sample or fold "dummy". Indicate size of finished product. |
| 9. Check delivery preference. | 33. Indicate whether this print order contains paid advertising. | 54. If perforation is required, include a delineated sample or "dummy". |
| 10. Enter your requested delivery date. | | 55. Indicate number of holes to be punched. Indicate the position of the holes, i.e., left, right, top or bottom. This is the distance from the center of one hole to the center of the next hole. Some standard measurements are:
2-hole punch 2 3/4" center to center
3-ring binder 4 1/4" center to center

Specify if "other" or if a sample is provided. |
| 11. Agency requisition identification number. This information is provided by your agency. | 34. Check here to indicate if the material is to be printed on one or both sides. If the material is printed two-sided, also specify either head/head or head/foot. | 56. Indicate type of packaging required and number of units per package. |
| 12. Provide agency billing code. | 35. Type of form—check continuous or unit set (snap out). | 57. Indicate whether finished product should be delivered in cartons and/or pallets. |
| 13. OSP use only, no entry necessary. | 36. Enter size (give width first, i.e., if letterhead, state 8 1/2" x 11"). | 58. Library Distribution Act (LDA) - The Government Code Section 14900-14912 requires that any publication that is of interest to the general public be distributed to California's depository libraries. OSP offers the service of distributing the publications for a nominal fee. If your publication requires LDA distribution, you will be responsible for the cost of printing the additional LDA copies. LDA quantity will be added to the quantity in box 31 if box 58 is checked. |
| 14. Fill in if an estimate has been given by OSP. | 37. Indicate whether form will be processed through typewriter or computer. | 59. Form number or title of material to be mailed. |
| 15. Provide estimate number given to you by OSP. | 38. Enter tab size and location. Unit set standard tab size is 5/8" and continuous is 1/2". | 60. Indicate last acceptable date for job to be mailed. |
| 16. Provide the name of the OSP CSR issuing quote. | 39. Enter the number of parts. An original plus 2 copies equals 3 parts. | 61. Indicate if the product is to be mailed first class or presort standard, etc. |
| 17. You must enter the amount of funds encumbered for this printing order. | 40. Stock description and ink specification for business forms. | 62. Provide mailing list name or number. Indicate how list will be provided. |
| 18. This information provided by your agency. | 41. Indicate whether preprinted form will be used on a laser printer. | 63. Check appropriate boxes to indicate label or envelop type if known. |
| 19. This information provided by your agency. | 42. Indicate whether form requires carbon or NCR. | 64. Check appropriate box to indicate how to handle residue. |
| 20. Enter the fiscal year in which funds are to be encumbered for this printing order. | 43. Indicate how many sheets or sets per pad or book and the location of the binding. | 65. OSP use only, no entry necessary. |
| 21. This information provided by your agency. | 44. Fasten—indicate how multiple part continuous form is to be held together. | 66. Tell us where you want us to deliver residue. |
| 22. Must have name or signature of person authorizing the expenditure. | 45. Indicate beginning number and ending number. | 67. Check if additional mailing instructions are provided. |
| 23. Indicate whether typesetting services are required for this printing order. | 46. Missing number(s) OK?—Some forms that are numbered, like receipt books, must have all of the numbers accounted for in the event of an audit. In this case, you will want to check the box that indicates that the missing numbers are NOT acceptable and must be made up. In other cases, for instance the state job application, each number does not have to be accounted for and it is acceptable to have missing numbers. | |
| 24. Indicate if a proof is wanted. Even if you do not request a proof, OSP will typically provide a proof on jobs with any change, all new jobs and all jobs that do not have a sample provided with the order. Large digital projects may also require a proof prior to production. | | |
| 25. Enter the title as it appears on the disk you are providing. Prepare an OSP Form 17, Electronic Prepress Work Order and include a complete set of the most current laser proofs. | | |